



EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

532-2018-02545

Ohio Civil Rights Commission

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Mr. Robert W. Brown, Jr.

Home Phone (Incl. Area Code)

(330) 814-2269

Date of Birth

1969

Street Address

City, State and ZIP Code

14541 Schreiber Road, Maple Heights, OH 44137

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CITY OF BEDFORD

No. Employees, Members

Unknown

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

165 Center Road, Bedford, OH 44146

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☒ RETALIATION☐ AGE☒ DISABILITY☐ GENETIC INFORMATION☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

07-23-2018**07-23-2018**☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I had been employed by the above-named respondent, most recently as a Building Inspector.**In August '17, I filed a charge of discrimination against respondent.****On 7/23/18, I was terminated for menacing a female resident. I denied the allegation.****I believe I was discriminated against for participating in a protected activity, in violation of Title VII of the Civil Rights Act of 1964, as amended. I further believe that I was discriminated against due to my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.****RECEIVED**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)Case No. 1:18-cv-1945
Plaintiff's Initial Discovery

BROWN 000272

EXHIBIT

AA